

**Best Available Copy**  
ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO.     | DATE           |
|---------------------------|------------|------------|----------------|
| FEE DETERMINATION         |            |            |                |
| O.I.P.E. CLASSIFIER       |            |            |                |
| FORMALITY REVIEW          | <i>lit</i> | <i>907</i> | <i>2-20-01</i> |
| RESPONSE FORMALITY REVIEW |            |            |                |

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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| Claim    | Date |
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| Final    |      |
| Original |      |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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VC 4-907